



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS
HEALTHY CHILDREN AND YOUTH (HCY)
HCY PARTICIPANT SERVICES MATRIX

PARTICIPANT NAME		DCN	DOB	TELEPHONE NUMBER
RESPONSIBLE PARTY NAME		ADDRESS		COUNTY
PERTINENT HISTORY				
DIAGNOSES				
SUMMARIZE NEEDS BASED ON PCA AND/OR PDN ASSESSMENT				
SERVICES PARTICIPANT/FAMILY IS REQUESTING AFTER THE PARTICIPANT TURNS 21				
ABILITY TO SELF-DIRECT <input type="checkbox"/> YES <input type="checkbox"/> NO			GUARDIANSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CURRENT SERVICES	REQUESTED SERVICES AVAILABLE THROUGH THIS AGENCY AFTER THE AGE OF 21	REQUESTED SERVICES NOT AVAILABLE THROUGH THIS AGENCY AFTER THE AGE OF 21	
SHCN				
DMH WAIT LIST: <input type="checkbox"/> YES <input type="checkbox"/> NO				
DSDS				